



## Lost Sierra Food Project Volunteer Assumption of Risk and Release of All Claims

Thank you for your interest in volunteering with **Lost Sierra Food Project**! We appreciate that you have chosen to volunteer with us.

Before you begin, you should be aware that volunteering with us at our site, **Rugged Roots Farm**, can expose you to personal injury and/or damage to property. This waiver outlines our respective rights and responsibilities relating to those risks.

Please read this waiver carefully and let us know if you have any questions.

Thank you.

*The individual (hereafter referred to using "I", "me", "my", "myself", or "LSFP Volunteer") wishes to work as a volunteer of Lost Sierra Food Project (also known by the abbreviation LSFP). LSFP works primarily, but not exclusively, out of Rugged Roots Farm located at 501 Crescent Street Quincy, CA 95971 (on Hwy 70 across from Gansner Airfield).*

### **1. Volunteer Status**

I would like to volunteer in activities at Rugged Roots Farm managed by Lost Sierra Food Project. I understand that as a volunteer I will not be paid for my efforts and I will not be covered under worker's compensation insurance. I am at least 18 years of age or I have Parent/Legal Guardian permission (if under the age of 18) and I will get the consent of Lost Sierra Food Project Farm to bring anyone younger than 18 to the Farm.

### **2. Risks of Volunteering**

I understand that volunteering for Lost Sierra Food Project will include performing physical labor, working with various farm tools and equipment, planting and harvesting crops, weeding or preparing the fields, and any other tasks and activities related to LSFP's mission and vision. I understand that my participation in these volunteer activities involves certain risks, including, but not limited to, serious personal injury, death, and/or damage to property. I may be exposed to, for example but not limited to, the following: insects; wildlife; farm animals; inclement weather; extreme temperatures; heavy machinery; tools; the actions and negligence of employees, volunteers, and other people present on the farm; and/or dangerous conditions on the land such as holes in the ground or barbed wire. I understand that these examples are not all-inclusive and there may be additional risks not mentioned here, all of which may involve serious personal injury, death, or damage to property. I am voluntarily participating as a LSFP Volunteer with knowledge of the potential danger involved. I understand that I will be trained in proper and hygienic harvesting and packing procedures, and agree to always abide by these procedures when doing these activities on the farm.

### **3. Release of Claims and Assumption of Risk**

In exchange for the opportunity to participate in activities on Rugged Roots Farm with Lost Sierra Food Project, I (and my family, heirs, and personal representatives) willingly and knowingly release the Farm and its officers, owners, employees and agents from any and all liability for any personal injury or damage relating to my participation. I (and my family, heirs, and personal representatives) agree to assume all of the risks and responsibilities of my participation. I understand that I am solely responsible for any hospital or other costs arising out of any personal injury or property damage relating to my participation on Rugged Roots Farm managed by Lost Sierra Food Project.

### **4. Medical Care Authorized**

I am physically fit to participate in activities at the Lost Sierra Food Project Farm. I understand that there are no medical services available on site or otherwise, and I give permission to Lost Sierra Food Project to authorize emergency medical treatment for me. I release the Lost Sierra Food Project and its officers, owners, employees and agents, from liability for any injury or damage that might extend from such emergency medical treatment.

**I further agree that this waiver should be interpreted as broadly and inclusively as state law permits.**



**Lost Sierra Food Project  
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\_\_\_\_\_  
Volunteer Name

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
If under 18, Name of Volunteer's Parent/Guardian

\_\_\_\_\_  
If under 18, Signature of Volunteer's Parent/Guardian

\_\_\_\_\_  
Date

Emergency Contact Information:

\_\_\_\_\_  
Name of Contact

\_\_\_\_\_  
Contact Phone Number or Email

**LOST SIERRA FOOD PROJECT  
PHOTO RELEASE FORM**

**I hereby grant the Lost Sierra Food Project permission to use my likeness in a photograph, video, or other digital media ("photo") in any and all of its publications, including web-based publications, social media, and promotional materials without payment or other consideration.**

I understand and agree that all photos will become the property of the Lost Sierra Food Project.

I hereby irrevocably authorize the Lost Sierra Food Project to edit, alter, copy, exhibit, publish, or distribute these photos for any lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my likeness appears. Furthermore, I waive any right to royalties or other compensation arising or related to the use of the photo.

I hereby hold harmless, release, and forever discharge the Lost Sierra Food Project from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

**I HAVE READ AND UNDERSTAND THE ABOVE PHOTO RELEASE. I AFFIRM THAT I AM AT LEAST 18 YEARS OF AGE, OR, IF I AM UNDER 18 YEARS OF AGE, I HAVE OBTAINED THE REQUIRED CONSENT OF MY PARENTS/GUARDIANS AS EVIDENCED BY THEIR SIGNATURES BELOW. I ACCEPT:**

\_\_\_\_\_



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Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**If under 18, Parent/Guardian must sign:**

\_\_\_\_\_  
Parent or Legal Guardian Name

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date